Employee Assistance Program Task Request FY-99

Region # Contract # 50WCNA7F6028 Task Request # (to be assigned by FBA/CASU)	Effective Date # of Employees GSHS GID #
Requesting Agency Street Address	
City State Zip Phone () FAX ()	
Project Officer (EAP Coordinator) Phone () FAX ()	
Choose one of the three menu choices:	
Menu Choice # I	Rates \$0.99/mo. X # of employees (\$11.88/year/employee) = \$
 Menu Choice # II 3 Visit Model Legal, child/elder care, financial referrals Supervisor Consultation Informational Brochure w/wallet card Posters Employee & Supervisor Orientation Video Supervisor Training Manual Quarterly Newsletter Manager's Update Newsletter On-site Employee & Supervisor Orientations 	Rates \$1.15/mo. X # of employees (\$13.80/year/employee) = \$
Menu Choice # III	Rates \$1.39/mo. X # of employees (\$16.68/year/employee) = \$
 Employee & Supervisor Orientation Video Supervisor Training Manual Quarterly Newsletter Manager's Update Newsletter Onsite Employee & Supervisor Orientations 	Open season for adjusting menu choices is June for the following fiscal year. An agency may elect to shift to enhanced models on any given month.

Menu Choice # IV - Additional Services & Materials

The following items are available on a fee-for service basis and can be used to further customize Menu Choices I - III. Please estimate your agency's requirements/needs.

<u>ttem</u>	Regular Hrly Rate	Rate X # of Hours
Critical Incident Stress Debriefing (CISD)	\$138.00	X = \$ # of Hrs.
Conflict Mediation	\$138.00	X = \$ # of Hrs.
Educational Outreach (various topics)	\$94.00	X = \$ # of Hrs.
Employee Orientations	\$94.00	X = \$ # of Hrs.
Supervisor Orientations	\$94.00	X = \$ # of Hrs.
Additional Problem Solving Sessions	\$66.00	X = \$ # of Hrs.
Additional Emp./Supervisor Videotapes	\$16.50	X = \$ # of tapes
Additional Information Brochures	\$0.045	X = \$ # of brochures
Additional Wallet Cards	\$0.045	X = \$ # of cards
Additional Supervisor Manuals	\$0.76	X = \$ # of manuals
Additional Posters	\$3.85	X = \$ # of posters
Payroll Stuffers	\$0.08	X = \$ # of stuffers
Refrigerator Magnets	\$0.29	X = \$ # of magnets

Travel required for the performance of services selected under this menu will be reimbursed to the vender under Standard Federal Government Travel Regulations by the agency. Fourteen day notice of cancellation is required for scheduled events. Failure to promptly notify may result in event and travel charges.

 The following Menu Choice IV services are negotiated on a case-by-case basis: Preparation of customized reports On-site counselors Special services (outreach) Special projects to meet unique situations Describe requirements for special services and attach samples, if necessary. 		
For each agency office or location, indicate the follo Street Address	owing (use attachment if necessary): # of employees # of supervisors Total Count	
Funding Certification Funding document P.O. # MIPR # IA #	Customer Billing Address	
☐ IA# Exp Date:	Billing Contact Name Phone # Fax #	
Total Estimated Charges \$	Signature of Approving Official Authorized to Obligate Funds	
Period of service is through September 30, 2002. Annual funding to be provided subject to availability of funds as indicated above.	Signature Name Title Date	
The following section is for FBA use only: FBA Validation and Certification Appropriation data: Funds Available: *Travel authorized/funds available: Total amount of task order: Name: Title: Date:	Formula for contract rate:	
*When travel is authorized by the customer in a task request, the contractor will be reimbursed in accordance with Section H, paragraph H.4.2.		

EAPTReqForm 3 5/1/98